

<b>Case Number:</b>	CM14-0141672		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 70 year old female who was injured on 7/18/2011. She was diagnosed with lumbago, left knee pain, and neck sprain/strain, and later lumbosacral radiculopathy and cervical radiculopathy. She was treated with pain medications, physical therapy (at least 40 or more supervised sessions), TENS unit, chiropractor treatments, and restricted work. On 7/16/2014, the worker was seen by her primary treating physician complaining of her continual low back pain, right more than left. Physical examination revealed tenderness to right lumbar area. She was then recommended to continue physical therapy and a request soon afterwards was made for an additional 4 sessions of physical therapy for her neck and back.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 2x2 for the neck and low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that physical therapy is generally recommended for chronic pain, but with some limitations. Passive supervised therapy is intended

to be short, and progression towards active and unsupervised physical therapy (home exercises) is the goal, as active therapy is more effective at improving function. For myalgia, and myositis, the MTUS suggest up to 10 visits over 8 weeks. In the case of this worker, she had completed at least 40 supervised physical therapy sessions, if not more, as if it was intended to be used indefinitely as long as she was in pain, which is not appropriate use of this modality. There was no evidence found in the notes available for review stating if she was successfully completing home exercises or if not, why she is unable to perform them, which might require supervised therapy to be continued as prescribed. Therefore, the additional 4 sessions of physical therapy for the neck and back are not medically necessary.